

YOUTH SERVICES POLICY

Title: Influenza Preparedness, Response and Recovery Next Annual Review Date: 10/22/2012	Type: A. Administrative Sub Type: 1. General Number: A.1.13
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References: ACA Standards 2-CO-3B-02 (Administration of Correctional Agencies), 4-JCF-1A-07 and 4-JCF-4C-22 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policies A.1.8 "Emergency Operations Plan", A.2.51 "Telecommuting and Alternative Work Site", B.6.1 "Health Care", and C.1.13 "Media Access and Public Information"; US Government Avian and Pandemic Flu Website www.pandemicflu.gov ; World Health Organization guidelines at www.who.int/en/ ; US Department of Health and Human Services' Center for Disease Control and Prevention Health Alert Network www.cdc.gov/HAN/Index.asp ; Civil Service General Circulars 1784 and 1785	
STATUS: Approved	
Approved By: Mary L. Livers, Deputy Secretary	Date of Approval: 10/22/2009

I. AUTHORITY:

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a formal policy for Youth Services (YS) – Office of Juvenile Justice concerning the planning, preparation, and management of an influenza (flu) outbreak and to establish formal procedures for staff and youth. Strategic goals include:

- A. Ensuring continuity of unit operations to focus on the agency's role as an employer. Each unit shall develop written policies and procedures in order to continue to function during a flu outbreak. Continuing critical services is paramount.
- B. Protecting YS staff, youth, and the public.

III. APPLICABILITY:

Deputy Secretary, Undersecretary, Assistant Secretary, Chief of Operations, Deputy Assistant Secretaries, Central Office Emergency Operations Manager, Communications Director, Facility Directors, Regional Managers, Medical/Mental Health Directors, all YS staff and youth, visitors, volunteers and contract workers.

IV. POLICY:

It is the Deputy Secretary's policy that each Unit Head is responsible for ensuring that appropriately written policy and procedures are in place to address flu preparedness, response, and recovery.

V. DEFINITIONS:

Appropriate Health Authority - Licensed physician designated by the Deputy Secretary to serve as the appropriate health authority for each facility/unit.

Close Contact - A person who has had direct exposure to respiratory secretions or body fluids of a person with confirmed influenza or has touched or talked to a person with probable, suspected or confirmed influenza within a distance of six feet. Time of contact also needs to be considered. For instance, a person who has cared for or lived with an influenza patient is considered a close contact, providing the contact was for a continuous period such as 30-60 minutes. Working in the same building, walking by or sitting across a room from a person with influenza is NOT considered a direct exposure and therefore is not considered close contact.

Confirmed Case - A confirmed case of novel influenza A (H1N1) virus infection is defined as a person with an ILI with laboratory confirmed novel influenza A (H1N1) virus infection by either real time RT-PCR (Polymerase Chain Reaction) or viral culture.

Epidemic Respiratory Infection (ERI) - An acute respiratory tract illness that is caused by a pandemic influenza virus transmitted from person to person.

Influenza-like Illness (ILI) - Fever (temperature of 100°F or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza which occurs in the context of circulating influenza in the community.

Isolation - Separation and restriction of movement of employees, youth, and visitors with an ILI to contain the spread of that illness to susceptible people. Isolation can occur in group settings.

Pandemic Flu - Virulent human flu that causes a global outbreak, or pandemic, of serious illness. There is little natural immunity; therefore, healthy people may be at an increased risk for severe symptoms. Serious complications are more frequent. The disease can spread easily from person to person. A pandemic flu occurs rarely.

Personal Protective Equipment (PPE) - Masks, gloves, eye protection, etc. to avoid direct contact with a patient's blood, body fluids, secretions, and non-intact skin.

Preparedness - Actions that involve a combination of planning, resources, and organizing to build, sustain and improve operational capabilities. This process includes identifying personnel, training, and equipment for delivering necessary resources when needed for an incident.

Probable Case - A probable case of novel influenza A (H1N1) virus infection is defined as a person with ILI who is positive for influenza A, but negative for human H1 and H3 by influenza RT-PCR.

Quarantine - Separation and restriction of asymptomatic individuals who may have been exposed to an infectious agent but are not yet ill. The purpose of quarantine is to separate individuals who may have been exposed from the remaining population of individuals.

Recovery - The development, coordination and execution of service and site-restoration plans; the reconstitution of unit operations and services; long-term care and treatment of affected persons; additional measures for social, environmental and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and developmental initiatives to mitigate the effects of future incidents.

Response - Immediate actions to save lives, to protect property, the environment and to meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery.

Screening Checklist - A checklist used by staff to screen for potential flu infection.

SCREENING CHECKLIST
Temperature Greater than 100.4 Degrees plus one of the following:
Sore Throat
Cough
Dyspnea (difficulty in breathing)
Visit or Live in Area of Confirmed Case

Seasonal (or common) Flu - Respiratory illness that can be transmitted from person to person. Most people have some immunity and a vaccine is available.

Standard Precautions - Standard precautions are basic infection control precautions (hand washing, covering mouth when coughing, etc.) to be applied routinely in all settings.

Suspected Case - A suspected case of novel influenza A (H1N1) virus infection is defined as a person who does not meet the confirmed or probable case definition, and is not novel H1N1 test negative, and is/has been a previously healthy person < 65 years hospitalized for ILI or has been diagnosed with ILI and has an epidemiologic link in the past seven days to a confirmed case or probable case.

Unit Head - Deputy Secretary, Deputy Assistant Secretary for Facilities, Deputy Assistant Secretary for Community Services, Facility Directors and Regional Managers.

VI. GENERAL:

Seasonal flu outbreaks can occur locally or regionally, and “flu season” is generally confined to the fall and winter months.

An influenza pandemic may emerge with little warning, affecting a large number of people within a short space of time. During the first wave of the pandemic, outbreaks may occur simultaneously in many locations throughout the nation. Local outbreaks may last for weeks or months, and widespread illness in a particular community could lead to shortages in the healthcare sector as well as in essential services. Preparation and response is crucial.

Updated information on pandemic flu can be found on the United States Government Avian and Pandemic Flu Website at www.pandemicflu.gov.

The United States Department of Health and Human Services’ Center for Disease Control and Prevention Health Alert Network provides rapid and timely access to emergent health information. Information can be found at www.cdc.gov/HAN/Index.asp.

VII. PROCEDURES:

Each unit's flu plan shall include, at a minimum, the following:

- A. Procedures for prevention, disinfection, education, identification, surveillance, immunization (when applicable), treatment, follow-up and medical isolation of infectious cases (when applicable). Reporting requirements to the Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretaries, LSUHSC JCY/BCCY, and LSUHSC SCY Medical Director and shall be in accordance with YS Policy C.5.1 "Performance Data and Information." In addition, local, state and federal agencies shall be notified as appropriate.
- B. Guidelines to control access to the facility.
- C. Continuity of Operations Plan (COOP) which includes, but is not limited to, the following:
 - 1. Contingency plans for 30-40% employee absences.

2. Identification of critical/essential job functions and plans to cover those functions in case of prolonged absenteeism.
 3. Identification of areas within a facility that could be used to create additional acute care beds for expanded healthcare capacity; consideration of bed space availability with local and regional planning groups.
- D. Each facility shall establish a Facility Incident Command Team (FICT) to determine actions that shall be taken to prevent the spread of influenza among staff, youth, volunteers, visitors and other civilians. The team shall consist of, at a minimum, the Facility Director or designee, Medical Director, Director of Nursing, Pharmacist (if applicable), representatives from Dorm Management, Social Services, Human Resources, Business Office and Information Technology, with seven-day-a-week availability to respond to a potential outbreak of influenza. The Deputy Secretary or designee shall assign responsibility for coordinating influenza preparedness planning to a person with appropriate training and authority.

VIII. PREPAREDNESS

- A. Each unit shall maintain adequate supplies at all times and as directed by the Facility Incident Command Team to include the following:
1. Tissues
 2. Gloves
 3. Biohazard Bags
 4. Hazard Receptacles
 5. Surgical Masks
 6. Waterless Hand Sanitizers
 7. Appropriate Pharmaceuticals, including drugs, biologicals and vaccines to combat the particular influenza strain or type that is expected to be encountered; to be obtained upon the instruction of the appropriate health authority.
- B. The Deputy Secretary or designee shall establish points of contact for influenza preparedness in the local and state health departments, and local, regional or state agency preparedness groups.
- C. Each unit shall provide education and training regarding influenza to staff and youth.
- D. Each unit shall incorporate influenza information into facility emergency management planning.

- E. Facility staff shall develop written procedures for grouping youth with known or suspected influenza using one or more of the following strategies:
 - 1. Confining ill and exposed youth to the infirmary;
 - 2. Placing youth with symptoms of influenza together in one area of the facility, or closing off dorms that have symptomatic youth;
- F. The appropriate healthcare authority will advise the FICT of needed pharmaceuticals and supplies. The FICT shall coordinate with Central Office to ensure that needed supplies are timely acquired and delivered to the units.
- G. Each Unit Head shall prepare and maintain a list of high-risk youth for complications from the flu (based on current CDC guidelines) which should be updated quarterly.
- H. Each Unit Head shall encourage youth to notify health care and/or dorm staff at the onset of symptoms of ILI. Youth should be informed that early detection is vital to reduce the transmission of an influenza outbreak.
- I. Each Unit Head shall provide education to employees and youth on basic hygiene, respiratory etiquette, and high-risk medical conditions.

IX. RESPONSE DURING A FLU EVENT

When the appropriate health authority determines that appropriate pharmaceuticals are to be obtained (VIII. A. (7) and VIII. (F) above), that unit shall move into the response phase of the procedures.

- A. The Deputy Secretary or designee shall determine if any outside travel except medical/mental health emergencies shall be suspended.
- B. The Deputy Secretary or designee shall determine restrictions on vendors, visitors and conferences/group activities.
- C. Facility legal staff shall be responsible for contacting the appropriate courts to continue pending court dates as determined by the appropriate medical authority.
- D. Facility legal staff shall be responsible for contacting the appropriate courts when the release date for a youth is imminent, and the youth has a confirmed case of the flu and is under medical care at the facility. The court shall determine if the youth is to be released on his release date, or if his release shall be delayed for a certain number of days to allow the youth's full recovery and to ensure that he is past the date when he would still be capable of infecting others.

- E. "Wear a Mask & Latex Gloves" signs shall be posted at the entrance to areas designated by the appropriate health authority.

Facemasks shall be made available to employees upon recommendation by the appropriate health authority.

- F. Limiting the exposure of the workforce to the flu

Each unit shall create a procedure utilizing the screening checklist to ensure that symptomatic employees are identified. At facilities, this procedure must contain at a minimum a procedure for self-identification of symptoms and supervisor-initiated screening questions of employees at each roll-call.

If an employee self-identifies flu-like symptoms, is identified by his answers to the Screening Checklist as having flu-like symptoms, or is identified by several other employees as having flu-like symptoms, the Unit Head or designee shall send the employee home on sick leave. If the employee does not have at least eight hours of sick leave, annual and/or compensatory time shall be used. The employee cannot return to work until, at a return-to-work hearing, he presents a physician's certificate specifically stating that his health condition poses no danger to co-workers or youth. The employee must call the unit Human Resources office to schedule the hearing.

If the identified employee objects to being sent home on leave, the Unit Head or designee shall place the employee on enforced compensatory time, whether FLSA or state.

If compensatory time is not available or is insufficient, the Unit Head shall place the objecting employee on enforced annual leave, if the balance is above 240 hours.

The objecting employee can, if he desires, be examined by his physician. If he wishes to be examined by his physician, he shall be given sick or annual leave in order to obtain the certificate. If he obtains a physician's certificate that specifically states that his health condition poses no danger to co-workers or youth, he can return to work as usual.

If the objecting employee refuses all options, the Unit Head shall remove the employee from the premises, place him on suspension pending investigation with pay (LI), and initiate the disciplinary process. The Unit Head shall advise the employee that he is exposing himself to the possible penalty of termination.

If an employee has an immediate family member at home with flu-like symptoms or a diagnosis of the flu, the Unit Head can make a determination that it is in the best interest of the workplace that the employee be away from the workplace. If this occurs, such an employee shall be allowed to use his sick leave for the time they need to be away from work to care for that family member and ensure that their own health is not compromised. The employee who refuses to go home under these circumstances shall be treated as the objecting employee who shows symptoms himself, which is described above in this section.

An employee on leave as described in the paragraph cannot return to work until, at a return-to-work hearing, he presents a physician's certificate specifically stating that his health condition poses no danger to co-workers or youth. The employee must call the unit Human Resources office to schedule the hearing.

G. Notifications

Each Unit Head shall be responsible for notifying all employees of that unit that the unit is moving into the "response" phase of the procedure.

Each Unit Head shall be responsible for notifying anyone who has visited infected areas or had contact with an infected individual or with an individual who may be infected within the five days preceding the declaration of the "response" phase.

H. Communication/Education/Preparedness

The facility shall use the mode of communication used most by staff and/or youth to keep the facility's community informed and to provide education regarding prevention and symptom surveillance.

Any communications with the public and/or the media regarding the flu event shall be released by the Communications Director.

I. The Facility Incident Command Team (FICT) shall meet daily to review the situation and alter strategies (such as housing re-assignments for isolation purposes or quarantine).

J. The Unit Head shall determine if unit activities should be suspended/postponed based on advice of and consultation with the appropriate health authority.

K. Access and Control

Each facility director shall develop a plan for delivering meals to offenders if cafeteria or group-style dining is closed per the advice of the appropriate health authority.

Routine sick call and pill call shall be modified by the Director in consultation with the appropriate health authority.

The Deputy Secretary or designee, after consultation with the appropriate health authority, shall decide whether to suspend admissions to the facility.

X. RESPONSE FOLLOWING A FLU EVENT:

At the conclusion of a flu event, the FICT and Central Office staff will meet to conduct an after-incident review and prepare a report for the Deputy Secretary. The report will include recommendations for amendments to this policy.

Previous Regulation/Policy Number: N/A

Previous Effective Date: N/A

Attachments/References: